

1 UNITED STATES DISTRICT COURT
2 CENTRAL DISTRICT OF CALIFORNIA

3 BAY CITY SURGERY CENTER, INC.;
4 MEDICAL PLAZA OF SAN PEDRO,
5 INC.; PACU, INC.; MINIMALLY
6 INVASIVE SURGICAL TEAM OF
7 GLENDALE, INC.; S.H.A.R.P.
8 TREATMENT OF SOUTH BAY, INC.
9 AND SOUTHBAY SPINE GROUP, INC.
10
11 *Plaintiffs,*

12 vs.

13
14 INTERNATIONAL LONGSHORE &
15 WAREHOUSE UNION-PACIFIC
16 MARITIME ASSOCIATION WELFARE
17 PLAN BOARD OF TRUSTEES;
18 INTERNATIONAL LONGSHORE &
19 WAREHOUSE UNION-PACIFIC
20 MARITIME ASSOCIATION WELFARE
21 PLAN

22 *Defendants.*

23
24 INTERNATIONAL LONGSHORE &
25 WAREHOUSE UNION-PACIFIC
26 MARITIME ASSOCIATION
27 WELFARE PLAN BOARD OF
28 TRUSTEES; INTERNATIONAL
LONGSHORE & WAREHOUSE
UNION-PACIFIC MARITIME
ASSOCIATION WELFARE PLAN

Counterclaimants,

vs.

BAY CITY SURGERY CENTER, INC.,
MEDICAL PLAZA OF SAN PEDRO,
INC. PACU, INC., MINIMALLY
INVASIVE SURGICAL TEAM OF
GLENDALE, INC., SOUTHBAY
SPINE GROUP, INC., COSTAL VIEW
GASTROENTEROLOGY, INC., AND
COASTAL VIEW
GASTROENTEROLOGY OF SOUTH
BAY, INC.,

Counter-Defendants.

Case No. 2:15-cv-6209

**DECLARATION OF ANDREW
MORRIS**

Judge: Hon. Michael W. Fitzgerald



1 My name is Andrew Morris. I am of sound mind, over the age of twenty-one,
2 and competent in all respects to make this declaration.

3 I am an owner of Bay City Surgery, Inc. ("Bay City"), Medical Plaza of San
4 Pedro, Inc. ("MPSP") –which did business as South Bay Pain Docs and San Pedro
5 Family & Urgent Care, and Sharp Treatment of South Bay, Inc. ("Sharp Treatment") ,
6 (collectively hereinafter referred to as "Providers"). As one of the owners of
7 Providers I am familiar with their office administration, patient check-in, billing and
8 collection procedures in place between 2012 and 2014. It is my understanding that
9 South Bay Spine Group (SBSG) used Badger Billing for their billing and collections
10 and followed the same procedures as Providers.

11 Bay City is a surgery center where pain management and surgical procedures
12 are performed, among other medical services. MPSP, Sharp Treatment and SBSG are
13 or were medical practices where primary care, pain management, and neurosurgery
14 services were provided to patients among other health care services.

15 Between 2012 and 2014 Providers and SBSG performed healthcare services for
16 participants and beneficiaries of the ILWU-PMA Welfare Plan (the "Plan"). When
17 Plan participants and beneficiaries came to Providers and SBSG for healthcare
18 services they presented medical cards in the name of "ILWU-PMA Coastwise
19 Indemnity Plan" with an address for submittal of claims and a toll free telephone
20 number for questions about eligibility and benefits.

21 For all of the claims for which Providers are seeking affirmative relief in this
22 case, Providers' practice was to contact the Plan for benefit eligibility and member
23 coverage verification prior to performing the requisite surgery or other healthcare
24 service. The following sets forth the general substance of the communications
25 between Providers and the Plan that occurred in connection with verification of
26 coverage and benefits (and it is my understanding the same is true for SBSG):
27
28

- 1 (a) Providers would call the Plan's claim office in San Francisco on the
2 Plan's toll free line set forth on the member identification card (presently,
3 800-955-7376);
- 4 (b) The automated toll free line would identify the answering party as the
5 "Coastwise Claims office at Zenith American Solutions," thereby
6 confirming to Providers that the communication was with the authorized
7 administrator for the Plan;
- 8 (c) The automated telephone call-in line would present four "options" to
9 Providers as the callers. Option 4 prompted the caller to "press 4" to
10 speak to a "Representative" about questions regarding "eligibility or
11 benefits;"
- 12 (d) Providers' callers would "press 4" and after a typically lengthy delay
13 (often thirty minutes or longer) a live Representative of the Plan
14 administrator would come on the line;
- 15 (e) Providers were "out of network" providers to the Plan, and accordingly
16 they called in advance of performing services to ensure that Providers
17 would be paid for their services by the Plan;
- 18 (f) Providers' callers would usually speak to one of a small group of
19 Representatives of the Plan administrator;
- 20 (g) Providers' callers would advise the Plan Representative of the identity of
21 the Plan member or dependent; the CPT code for the surgical procedure
22 to be performed (the CPT code is the medical procedure descriptive
23 identifier; CPT means "Current Procedural Terminology"); and that the
24 purpose of the call was to verify the existence of coverage for the patient
25 and the eligibility of Providers for payment of benefits as the service
26 provider;
- 27 (h) The Representative would review the Plan records and advise Providers
28 about the percentage of billing covered under the Plan (typically 80%);

1 the amount of patient deductible; and whether benefits would be payable
2 to Providers based on the CPT code provided.

3 In most cases, the representative verifying patient Plan eligibility on behalf of
4 Providers would fill out a patient insurance verification form while speaking with the
5 Plan's representative. The patient insurance verification forms generally stated the
6 patient's name, insurance card number, date of birth, Plan coverage and patient
7 responsibility amounts for procedures and services performed by both in-network and
8 out-of-network providers, the name of the Bay City representative who called the
9 Plan, the date of the call, the name of the Plan representative with whom the Bay City
10 representative spoke, and whether pre-authorization was required. The Plan
11 Representative would tell Providers whether a specific pre-authorization for the
12 procedure was required. It's my understanding the same is true for SBSG.

13 It was the practice of Providers to seek pre-authorization for procedures before
14 they were performed. When doing so, Providers were referred to Innovative Care
15 Management ("ICM"), the Plan's agent for evaluation and pre-authorization of
16 medical procedures. In those instances, Providers' callers were transferred to ICM by
17 the Plan Representative on the call-in line. Once the procedure was approved as
18 medically necessary by ICM and payable by the Plan, ICM mailed an authorization
19 letter to Providers with CPT codes and dates to do the procedure. The ICM letter
20 states that it is a directive to the Plan administrator to pay for the approved services.
21 Despite this "directive" from its retained medical necessity expert, the Plan failed and
22 refused to pay Providers for the pre-authorized services. It is my understanding the
23 same is true for SBSG.

24 In numerous instances where Providers verified a patient's eligibility for Plan
25 benefits and obtained pre-authorization from ICM, the Plan still denied the claim,
26 claiming that the services were not covered by the Plan. On the explanations of
27 benefits Defendants sent to Plaintiffs explaining the reason(s) for denial of Plaintiffs'
28 claims, Defendants often used denial codes like "MEDNC1," meaning "Denied – the

1 plan does not cover services that are not medically necessary”; “MEDNEC,” meaning
2 “This claim or a portion of the claim has been denied because the plan does not cover
3 services that are not medically necessary”; “TC3DN2,” meaning “Denied –
4 documents did not support the service billed”; or “PHYSOS,” meaning “additional
5 information required to verify coverage.” It is my understanding the same is true for
6 SBSG.

7 By way of example, in patient N.D.’s case, Bay City called to verify that the
8 patient was eligible for Plan benefits, according to its usual protocol set forth above.
9 Bay City then contacted ICM to request pre-authorization to perform a spine injection
10 on the patient. As part of its pre-authorization request, Bay City submitted the office
11 notes of N.D.’s board-certified pain management physician, Adam Weitzman, M.D.,
12 recommending the procedure, a completed ICM-form questionnaire summarizing the
13 medical indications for the procedure, and other relevant information. After
14 considering the information that Bay City submitted, on October 14, 2013, ICM
15 issued its standard pre-authorization letter approving “Sacroiliac joint injection –
16 Bilateral x 1 injection each side,” CPT code 27096. A true and correct copy of the
17 letter is attached hereto as Exhibit A-1. Dr. Weitzman performed the pre-authorized
18 spine injection procedure at Bay City, and Bay City billed the Plan for CPT code
19 27096 on October 17, 2013. A true and correct copy of the claim form submitted by
20 Bay City is attached hereto as Exhibit A-2.

21 On December 13, 2013, Defendants issued an explanation of benefits with
22 denial code “TC3REV,” meaning “under review, additional information requested
23 from provider.” A true and correct copy of the explanation of benefits Bay City
24 received is attached hereto as Exhibit A-3. Bay City provided Defendants with all of
25 the “additional information” they requested, including the operative report from the
26 procedure. On April 21, 2014 (more than 6 months after the Plan was billed for the
27 procedure), Defendants issued a second explanation of benefits, this time using denial
28 code “TC3DN2,” meaning “Denied – documents did not support the service billed.”

1 A true and correct copy of the explanation of benefits Bay City received is attached
2 hereto as Exhibit A-4. In response, Bay City provided more information to
3 Defendants in support of the services billed. On May 7, 2014, Defendants issued a
4 third explanation of benefits, using the same "TC3DN2" denial code and also denial
5 code "MEDNC1," meaning "Denied – the plan does not cover services that are not
6 medically necessary." A true and correct copy of the explanation of benefits Bay City
7 received is attached hereto as Exhibit A-5.

8 Providers received similar treatment from Defendants in numerous other cases.
9 It is my understanding the same is true for SBSG.

10 I provided to the lawyers representing Providers all of the ICM letters and
11 supporting records that Providers have in their custody, possession, or control for the
12 patients for whom they are making an affirmative claim for ERISA plan benefits or
13 other relief in the Lawsuit. It is my understanding that Providers' lawyers have
14 produced those documents to the lawyers representing the Defendants in the Lawsuit,
15 although I understand the discovery and document production process is still
16 underway. If any of the referenced documents have not been produced thus far, it is
17 my understanding they will be produced and made available in the near future.

18 Attached hereto as Exhibit A-6 is summary spreadsheet which was prepared at
19 my direction showing the claims where Providers obtained pre-authorization letters
20 from ICM. The spreadsheet was created by reviewing each patient's file, locating the
21 ICM letter in the file, if any, reviewing the supporting medical records and notating
22 the existence of an ICM letter in the "Pre-Authorization" column on the spreadsheet
23 next to the initials of the corresponding patient. To the best of my knowledge and
24 belief, the spreadsheet accurately reflects the patients whose claims are at issue in the
25 Lawsuit for whom Providers obtained an ICM letter pre-authorizing the healthcare
26 services as medically necessary and payable by the Plan. The underlying documents
27 are voluminous (thousands of pages) and contain sensitive HIPAA protected PHI.

1 Accordingly, they cannot conveniently be attached to this declaration and cannot
2 conveniently be electronically filed with the Court.

3 I am the duly authorized custodian of records for Providers, including of the
4 aforementioned ICM letters. In such capacity, I have the authority to certify the
5 documents summarized by the attached spreadsheet and examples attached to this
6 declaration. All such documents are true and correct copies of the originals
7 maintained by Providers in a file for the patient mentioned in each document. The
8 documents were kept in the course of the regularly conducted business activities of
9 Providers, and, as described above, were created and maintained as a regular practice
10 and custom. The documents were maintained by employees of Providers in the
11 ordinary course of business at or near the time of the act or event reported therein, by
12 a person with knowledge of and a business duty to maintain the letters.

13 I declare under penalty of perjury under the laws of the State of California and
14 of the United States of America that the foregoing is true and correct.

15 Signed this 11th day of April, 2018.

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18 Andrew Morris
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**Innovative Care
Management**

PO Box 22388, Portland, Oregon 97269
Internet Site: <http://www.innovativecare.com>
Telephone: (503) 654-9447 Fax: (503) 654-8570 Toll Free: 1-800-862-3338
Healthcare savings and satisfaction through innovation and respect.

October 14, 2013

Facility / Medical Professional
Bay City Surgery Center
2557 Pacific Coast Hwy, Ste A
Torrance, CA 90505

Case Number: [REDACTED]
Subscriber: [REDACTED]

Patient
N [REDACTED] D [REDACTED]
[REDACTED]
[REDACTED]

Provider
Adam Weitzman, MD
529 W 7th Street
San Pedro, CA 90731

DIAGNOSIS: Sacroiliitis

Type of Service	Service Code	Begin Date	End Date
Sacroiliac joint injection - Bilateral x 1 injection each side	27096	10/24/2013	10/24/2013

Dear N [REDACTED] D [REDACTED]

The ILWU-PMA Welfare Plan has contracted with Innovative Care Management to provide Voluntary Utilization Review Services. Innovative Care Management medical professionals provide an objective review of proposed treatments prior to hospitalization, surgery, outpatient procedures, and diagnostic tests.

An Innovative Care Management registered nurse has reviewed and authorized your requested medical services under the terms of the Coastwise Indemnity Plan subject to the provisions contained in the following paragraph. Please keep this letter as your documentation for the services and authorizations given regarding your case.

This authorization serves as a directive to the Coastwise Claims Office to pay for the above approved services, but does not determine the amount paid on your claim. Benefits are subject to your eligibility at the time you receive the medical services and applicable out-of-network charges. If you need an estimate of the amount that may be paid on your claim, please contact the Coastwise Claims Office at 1-800-955-7376 between the hours of 8:45 AM – 5:00 PM PST.

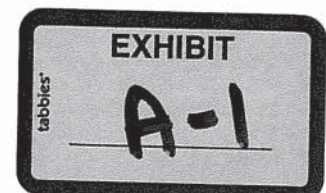
A copy of this authorization, which is based on information obtained from your healthcare providers, will be sent to your physician, and facility or medical professional, and to the Coastwise Claims Office.

If you have any questions concerning this letter, please call 1-866-275-1014.

Sincerely,

Innovative Care Management

Si usted no habla Ingles, por favor llame a 1-866-275-1014.



1-61	██████████	75-1000
DATE	██████████	831
STATED TAX NO	STATEMENT COVERS PERIOD FROM THROUGH	
274527479	10172013 10172013	

[illegible]

EXHIBIT
A-2

1475302300W

ILWU-PMA COASTWISE CLAIMS OFFICE
Group No. 6475
PO Box 429101
San Francisco, CA 94142

Electronic Service Requested

201312103319

3899 0.6871 AT 0.381

3-DIGIT 907

Bay City Surg Ctr
2557 PACIFIC COAST HWY STE A
TORRANCE, CA 90505-7035

20

For Customer Service:
(800)955-7376
8:30 a.m.-5:00 p.m. PST

RECEIVED DATE: 10/22/2013
PROCESSED DATE: 12/13/2013

RRUGMA

1 OF 3 F

ENV 3899

Explanation of Benefits - This is not a bill - Please retain a copy for your records.

Participant: [REDACTED]		Patient Name: [REDACTED]		Pat Acct No: [REDACTED]								
Plan No: 6475		Relationship: PARTICIPANT		Claim No: [REDACTED]								
Plan Name: ILWU-PMA Welfare Plan		Provider: Bay City Surg Ctr										
Service Dates	Service Type	Charge Amount	PPO Discount or Medicare Discount	Patient Responsibility			Paid by Insurance/ Coverage				Remark Code	
				Not Covered	Less Deductible	Less Co-Insurance	Medicare Paid/ Other Insurance	Basic Benefit Paid Amount	Major Medical Paid Amount	Major Medical Paid At		
09/26/13-09/26/13	0490 64615 SURG C	18,210.57	18,210.57	0.00	0.00	0.00	0.00	0.00	0.00			
Totals:		18,210.57	18,210.57	0.00	0.00	0.00	0.00	0.00	0.00			TC3REV

Total Paid by Coastwise Plan: 0.00

Total Patient Responsibility: .00

Participant: [REDACTED]		Patient Name: [REDACTED]		Pat Acct No: [REDACTED]								
Plan No: 6475		Relationship: PARTICIPANT		Claim No: [REDACTED]								
Plan Name: ILWU-PMA Welfare Plan		Provider: Bay City Surg Ctr										
Service Dates	Service Type	Charge Amount	PPO Discount or Medicare Discount	Patient Responsibility			Paid by Insurance/ Coverage				Remark Code	
				Not Covered	Less Deductible	Less Co-Insurance	Medicare Paid/ Other Insurance	Basic Benefit Paid Amount	Major Medical Paid Amount	Major Medical Paid At		
10/09/13-10/09/13	43239-59 SURG CT	9,397.25	9,397.25	0.00	0.00	0.00	0.00	0.00	0.00			
10/09/13-10/09/13	0490 43251 SURG C	9,397.25	9,397.25	0.00	0.00	0.00	0.00	0.00	0.00			TC3REV
Totals:		18,794.50	18,794.50	0.00	0.00	0.00	0.00	0.00	0.00			TC3REV

Total Paid by Coastwise Plan: 0.00

Total Patient Responsibility: .00

Participant: [REDACTED]		Patient Name: [REDACTED]		Pat Acct No: [REDACTED]								
Plan No: 6475		Relationship: PARTICIPANT		Claim No: [REDACTED]								
Plan Name: ILWU-PMA Welfare Plan		Provider: Bay City Surg Ctr										
Service Dates	Service Type	Charge Amount	PPO Discount or Medicare Discount	Patient Responsibility			Paid by Insurance/ Coverage				Remark Code	
				Not Covered	Less Deductible	Less Co-Insurance	Medicare Paid/ Other Insurance	Basic Benefit Paid Amount	Major Medical Paid Amount	Major Medical Paid At		
10/03/13-10/03/13	0490 62310 SURG C	3,550.00	0.00	3,550.00	0.00	0.00	0.00	0.00	0.00			
Totals:		3,550.00	0.00	3,550.00	0.00	0.00	0.00	0.00	0.00			ACCSUB

Total Paid by Coastwise Plan: 0.00

Total Patient Responsibility: 3550.00

EXHIBIT

A-3

tabbles

PAT5020000

ILWU-PMA COASTWISE CLAIMS OFFICE
PO Box 429101
San Francisco, CA 94142

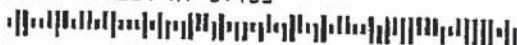
Electronic Service Requested

201404221322

For Customer Service:
(800)955-7376
8:30 a.m.-5:00 p.m. PST

3201 0.5234 AT 0.403

3-DIGIT 907



Bay City Surg Ctr
2557 PACIFIC COAST HWY STE A
TORRANCE, CA 90505-7035

14

RECEIVED DATE: 03/13/2014
PROCESSED DATE: 04/21/2014

YTAM

1 OF 2 F

ENV 3201

Explanation of Benefits - This is not a bill - Please retain a copy for your records.

Participant: [REDACTED] Patient Name: [REDACTED] Pat Acct No: [REDACTED]
Plan No: 6475 Relationship: SPOUSE Claim No: [REDACTED]
Plan Name: ILWU-PMA Welfare Plan Provider: Bay City Surg Ctr

Service Dates	Service Type	Charge Amount	PPO Discount or Medicare Discount	Patient Responsibility			Paid by Insurance/ Coverage				Remark Code
				Not Covered	Less Deductible	Less Co-Insurance	Medicare Paid/ Other Insurance	Basic Benefit Paid Amount	Major Medical Paid Amount	Major Medical Paid At	
10/17/13-10/17/13	27096-50 SURG CT	5,042.00	5,042.00	0.00	0.00	0.00	0.00	0.00	0.00		TC3DN2
Totals:		5,042.00	5,042.00	0.00	0.00	0.00	0.00	0.00	0.00		

Total Paid by Coastwise Plan: 0.00

Total Patient Responsibility: .00

Participant: [REDACTED] Patient Name: [REDACTED] Pat Acct No: [REDACTED]
Plan No: 6475 Relationship: PARTICIPANT Claim No: [REDACTED]
Plan Name: ILWU-PMA Welfare Plan Provider: Bay City Surg Ctr

Service Dates	Service Type	Charge Amount	PPO Discount or Medicare Discount	Patient Responsibility			Paid by Insurance/ Coverage				Remark Code
				Not Covered	Less Deductible	Less Co-Insurance	Medicare Paid/ Other Insurance	Basic Benefit Paid Amount	Major Medical Paid Amount	Major Medical Paid At	
12/04/13-12/04/13	0490 43239 SURG C	8,732.00	8,732.00	0.00	0.00	0.00	0.00	0.00	0.00		TC3DN2
Totals:		8,732.00	8,732.00	0.00	0.00	0.00	0.00	0.00	0.00		

Total Paid by Coastwise Plan: 0.00

Total Patient Responsibility: .00

Participant: [REDACTED] Patient Name: [REDACTED] Pat Acct No: [REDACTED]
Plan No: 6475 Relationship: PARTICIPANT Claim No: [REDACTED]
Plan Name: ILWU-PMA Welfare Plan Provider: Bay City Surg Ctr

Service Dates	Service Type	Charge Amount	PPO Discount or Medicare Discount	Patient Responsibility			Paid by Insurance/ Coverage				Remark Code
				Not Covered	Less Deductible	Less Co-Insurance	Medicare Paid/ Other Insurance	Basic Benefit Paid Amount	Major Medical Paid Amount	Major Medical Paid At	
10/24/13-10/24/13	0490 64635 SURG C	5,042.00	5,042.00	0.00	0.00	0.00	0.00	0.00	0.00		TC3DN2 MEDNC1
10/24/13-10/24/13	0490 64636 SURG C	3,328.00	3,328.00	0.00	0.00	0.00	0.00	0.00	0.00		TC3DN2 MEDNC1
10/24/13-10/24/13	0490 64636 SURG C	3,328.00	3,328.00	0.00	0.00	0.00	0.00	0.00	0.00		TC3DN2 MEDNC1

EXHIBIT

A-4

0473102400W

ILWU-PMA COASTWISE CLAIMS OFFICE
PO Box 429101
San Francisco, CA 94142

301405083300

Electronic Service Requested

For Customer Service:
(800)955-7376
8:30 a.m.-5:00 p.m. PST

4826 0.6871 AT 0.403

3-DIGIT 907

Bay City Surg Ctr
2557 PACIFIC COAST HWY STE A
TORRANCE, CA 90505-7035

19

RECEIVED DATE: 05/07/2014
PROCESSED DATE: 05/07/2014

JSARNO

ENV 4826 1 OF 3 F

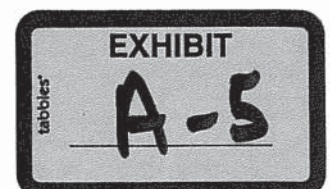
Explanation of Benefits - This is not a bill - Please retain a copy for your records.

Participant: [REDACTED] Plan No: 6475 Plan Name: ILWU-PMA Welfare Plan				Patient Name: [REDACTED] Relationship: PARTICIPANT Provider: Bay City Surg Ctr			Pat Acct No: [REDACTED] Claim No: [REDACTED]				
Service Dates	Service Type	Charge Amount	PPO Discount or Medicare Discount	Patient Responsibility			Paid by Insurance/ Coverage				Remark Code
				Not Covered	Less Deductible	Less Co-Insurance	Medicare Paid/ Other Insurance	Basic Benefit Paid Amount	Major Medical Paid Amount	Major Medical Paid At	
06/25/13-06/25/13	0490 43239 SURG C	9,397.25	9,397.25	0.00	0.00	0.00	0.00	0.00	0.00		TC3DN2
Totals:		9,397.25	9,397.25	0.00	0.00	0.00	0.00	0.00	0.00		

Total Paid by Coastwise Plan: 0.00				Total Patient Responsibility: .00							
Participant: [REDACTED] Plan No: 6475 Plan Name: ILWU-PMA Welfare Plan				Patient Name: [REDACTED] Relationship: PARTICIPANT Provider: Bay City Surg Ctr			Pat Acct No: [REDACTED] Claim No: [REDACTED]				
Service Dates	Service Type	Charge Amount	PPO Discount or Medicare Discount	Patient Responsibility			Paid by Insurance/ Coverage				Remark Code
				Not Covered	Less Deductible	Less Co-Insurance	Medicare Paid/ Other Insurance	Basic Benefit Paid Amount	Major Medical Paid Amount	Major Medical Paid At	
08/13/13-08/13/13	0490 43250 SURG C	9,397.25	9,397.25	0.00	0.00	0.00	0.00	0.00	0.00		TC3DN2
Totals:		9,397.25	9,397.25	0.00	0.00	0.00	0.00	0.00	0.00		

Total Paid by Coastwise Plan: 0.00				Total Patient Responsibility: .00							
Participant: [REDACTED] Plan No: 6475 Plan Name: ILWU-PMA Welfare Plan				Patient Name: [REDACTED] Relationship: SPOUSE Provider: Bay City Surg Ctr			Pat Acct No: [REDACTED] Claim No: [REDACTED]				
Service Dates	Service Type	Charge Amount	PPO Discount or Medicare Discount	Patient Responsibility			Paid by Insurance/ Coverage				Remark Code
				Not Covered	Less Deductible	Less Co-Insurance	Medicare Paid/ Other Insurance	Basic Benefit Paid Amount	Major Medical Paid Amount	Major Medical Paid At	
08/21/13-08/21/13	0490 43239 SURG C	9,397.25	9,397.25	0.00	0.00	0.00	0.00	0.00	0.00		TC3DN2
Totals:		9,397.25	9,397.25	0.00	0.00	0.00	0.00	0.00	0.00		

Total Paid by Coastwise Plan: 0.00				Total Patient Responsibility: .00							
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